

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Leadership Fund			FEC IDENTIFICATION NUMBER ▼ C C00571703		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Main Street Media			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">10 / 04 / 2016</div>		
Mailing Address P.O. Box 25093			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">1900564.70</div>		
City Alexandria		State VA	Zip Code 22313		Transaction ID : SE1
Purpose of Expenditure TV/Media Placement		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 30 / 2016</div>	
Name of Federal Candidate McGinty, Kathleen, Alana, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: PA		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">4481118.35</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee Main Street Media			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">10 / 04 / 2016</div>		
Mailing Address P.O. Box 25093			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">189796.37</div>		
City Alexandria		State VA	Zip Code 22313		Transaction ID : SE2
Purpose of Expenditure Radio Placement		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 30 / 2016</div>	
Name of Federal Candidate McGinty, Kathleen, Alana, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: PA		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">4481118.35</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....			<div style="display: inline-block; border: 1px solid black; padding: 2px;">2090361.07</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures.....			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">10 / 05 / 2016</div>		

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Arena Online			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 04 / 2016		
Mailing Address 1780 Sequoia Vista Circle			Amount 365000.00		
City Salt Lake City	State UT	Zip Code 84104	Transaction ID : SE3		
Purpose of Expenditure Online Advertising		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 04 / 2016		
Name of Federal Candidate McGinty, Kathleen, Alana, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		4481118.35	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee DMM Media			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 04 / 2016		
Mailing Address 1911 N. Fort Myer Drive Ste 400			Amount 12410.67		
City Arlington	State VA	Zip Code 22209	Transaction ID : SE4		
Purpose of Expenditure TV/Media Production		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 04 / 2016		
Name of Federal Candidate McGinty, Kathleen, Alana, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		4481118.35	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	377410.67
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee DMM Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 04 / 2016	
Mailing Address 1911 N. Fort Myer Drive Ste 400		Amount 2823.98	
City Arlington	State VA	Zip Code 22209	Transaction ID : SE5
Purpose of Expenditure Radio Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 05 / 2016
Name of Federal Candidate McGinty, Kathleen, Alana, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Richard Sales Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 04 / 2016	
Mailing Address 1702 E Highland Ave Suite 408		Amount 2000.00	
City Phoenix	State AZ	Zip Code 85016	Transaction ID : SE6
Purpose of Expenditure Web Ad		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 04 / 2016
Name of Federal Candidate McGinty, Kathleen, Alana, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4823.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	2472595.72

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Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature